



CHARITABLE GAMING
**REQUEST TO USE GAMING PROCEEDS
TO PAY WAGES/SALARIES**

This form must be submitted and approved before gaming proceeds can be used for wages/salaries. Approval to pay a salary or wage is not transferable from one individual to another, or from one position to another.

Gaming proceeds may be used to pay salaries, wages, fees for service or honorariums only if:

- the duties performed are essential to the group's program delivery; or
- the duties are performed by a person with specialized qualifications and the duties cannot be reasonably performed by a volunteer.

"Charitable organization" means an organization that does not carry on any business or activity for direct or indirect pecuniary gain* to its members. No member of the organization can be paid (directly or indirectly).

Supporting documentation checklist

- A copy of the job description for each position, including percentage breakdown of time spent on each duty.
- A detailed list of qualifications for each individual whose wage is being applied for. This should include their individual training, education, experience and any special skills they possess to meet the requirements of this job.
- A description of the hiring process used to fill this position.
- Provide all documentation for any grants or monies received that assist with the funding of this position.



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Organization details

Organization name	Licence number	
Address	City	Postal code

Event information

Name	Location	
Dates	No. participants*	No. support staff*

Describe the activity/event

Payment to individual(s) or company for fee for service

If the individual, job description, or rate of pay should change from what is currently outlined, request for amendment must be submitted to the Registrar for approval prior to implementation.

Individual or company

Name of individual		Position
Start date (request)	End date	Rate of pay

Do you wish to claim any additional expenses from gaming proceeds in support of this wage or service? Yes No

If yes:	Travel expenses	Accommodation	Food	Vehical rental	Other
	\$	\$	\$	\$	\$

Will above-noted expenses be paid directly to the individual/company? Yes No
 or paid by the charity? Yes No

Individual or company

Name of individual		Position
Start date (request)	End date	Rate of pay

Do you wish to claim any additional expenses from gaming proceeds in support of this wage or service? Yes No

If yes:	Travel expenses	Accommodation	Food	Vehical rental	Other
	\$	\$	\$	\$	\$

Will above-noted expenses be paid directly to the individual/company? Yes No
 or paid by the charity? Yes No

***Note:** A group may use gaming proceeds to pay for allowable travel expenditures of 1 support person to 3 participants.

Individual or company					
Name of individual				Position	
Start date (request)		End date		Rate of pay	
Do you wish to claim any additional expenses from gaming proceeds in support of this wage or service? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes:	Travel expenses \$	Accommodation \$	Food \$	Vehical rental \$	Other \$
Will above-noted expenses be paid directly to the individual/company? <input type="checkbox"/> Yes <input type="checkbox"/> No or paid by the charity? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Signing authorities

We certify that: all information and documents supplied are correct, and the group has authorized us to make this request.

We acknowledge that: any deputy registrar or registrar may examine and make copies of all records relating to this request and/or licence. This includes the approved bank account(s) or any financial institution(s).

President name (print)

Treasurer name (print)

Signature

Signature

Phone

Phone

Email

Email

Personal information is collected, used, and disclosed under the authority of Section 15(a)-(c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the licence or certificate being requested. It will be used for the purposes of these Acts and their regulations including but not limited to eligibility of registration and licensure, practice assessment, and complaint-related matters. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at inquiry.plra@yukon.ca

OFFICE USE ONLY		
Approved by	Name	Title
	Signature	Date
Comments/conditions		